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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| | I below or directed oth | | | | | ne current correspondence address ating a separate "FEE ADDRESS" |
|---|----------------------------|---|--------------------------------------|---|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Avery N. Goldstein, Ph.D. GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
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| APPLICATION NO. | FILING DATE | FIRST NAM | IED INVENTO | OR | ATTORNEY DOCKET N | (Date) O. CONFIRMATION NO, |
| 10/790,914 | 03/02/2004 | | gxia Qi | | UAB-17404/22 | 1392 |
| TITLE OF INVENTION: | NOVEL LANTH | IONINE ANTIBIOTIC CO | - MPOSITION | S AND METH | ODS | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICA | TION FEE | TOTAL FEE(S) DUE | DATE DUE |
| Non-Provisional | yes | \$755.00 | | 0.00 | \$1,055.00 | 12/02/2009 |
| EXAMINER V. L. Ford | | ART UNIT | ART UNIT CLASS-SUI | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE The UAB Research Foundation (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
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| Turnel or printed pages Avery N. Goldstein, Ph.D. | | | ٦ | | Registration No. | 39 204 |